## 1000000108

(Re	questor's Name)	-		
(Ad	dress)	<del></del>		
(Ad	dress)			
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		

Special Instructions to Filing Officer:

L. SELLERS

JUN 3 0 2010

**EXAMINER** 

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06/28/10--01014--022 \*\*55.00

SECRETARY OF STATE ALLAHASSEE, FLORIDA

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: WIN BAT, L.L.C.	
(Name of Limi	ted Liability Company)
The enclosed member, managing member or filing.	manager resignation and fee(s) are submitted for
Please return all correspondence concerning	this matter to:
HAYDEE CEBALLOS, CPA	
(Contact Person)	
SUAREZ CEBALLOS ORTIZ & V	'EGA
(Firm/Company)	
354 SEVILLA AVENUE	
(Address)	
CORAL GABLES, FL 33134	
(City/State and Zip Code)	
For further information concerning this matter	er, please call:
ADRIANA GAMAS	ai ( 786 ) 443-4663
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to	o the Florida Department of State for:
\$25 Filing Fee	\$55 Filing Fee &
C _ lamed	Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314

CR2E079 (5/06)



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

## RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

1. The name of the of State is: Wil	limited liability company as N BAT, L.L.C.	s it appears on the records	of the Florida Department
2. This limited liab	ility company was organize	d under the laws of:	
3. The Florida doc L09000108	ument/registration number o	f this limited liability con	npany is:
4. I, EDUARDO	O VENTANA lame of Person Resigning)	, hereby resign as a	MANAGER MEMBER
of this limited lia resignation in wr	bility company and affirm th		ny has been notified of my
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		\$ a

CR2E079 (5/06)

FILED

19 JUN 29 PM 4: 07

SEGRETARY OF STATE

AND AND ASSESSED FLABOR.